

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, MARCH 17, 1859.

No. 7.

ON THE TREATMENT OF CERTAIN DISEASES OF THE LACHRYMAL PASSAGES.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY W. WILLIAMS, M.D.

CASE I.—On the 31st October, 1858, I was consulted by Miss ——, æt. 35, on account of inflammation of the left lachrymal sac, attended by severe pain, with excessive distension and threatened rupture.

She has for several years had partial obstruction of the duct; but this was so far removed by a collyrium obtained from me two years since, that she had felt no inconvenience until three days since. At this time she took cold, and the swelling of the sac began.

I relieved the distension by introducing a fine probe through the punctum, without opening the sac. Warm fomentations were then ordered, to lessen the swelling and sensitiveness of the parts, before further measures were resorted to. The patient was able, after the acute symptoms had been removed by the emptying of the sac, to relieve it by pressure as often as it filled, the contents flowing back through the punctum. An offensive, dark-colored discharge was now perceived in the nose, indicating disease of the bone.

The inflammatory process having been subdued, endeavors were made to reopen the *ductus ad nasum*; and, in order to permit the passage of a larger probe than could be introduced through the natural opening, the lower punctum was slit open. An ordinary dressing probe could then be passed without much difficulty into the sac, and thence through the duct.

On account of the diseased condition of the bone, the progress toward an absolute recovery was somewhat slow; but relief to the urgent symptoms was immediate. The lachrymation diminished and the soreness of the parts subsided. The probe was occasionally passed down, with less difficulty than at first, and, on the 21st January, 1859, very little trouble from the accumulation of

secretions was complained of, and the chronic tumefaction and evidence of disease of the bone had disappeared. No inconvenience is experienced from the enlarged size of the punctum.

Many such cases of threatened abscess, followed by fistula, would have been left to themselves, or poulticed to assist the contents of the sac in finding their way to the surface, as the sensitiveness of the parts would not allow of any manipulation. But I have almost always been able to relieve these cases by the insertion of a probe, the accumulated matter finding its way along the side, or following its withdrawal from the punctum. When the sensitiveness of the parts will not allow this to be done, ether may be given, and the evacuation of the sac accomplished without the use of the bistoury. The inflammation of the sac subsides at once, after its distension is relieved.

A few words in regard to the second part of the treatment, for the restoration of the normal capacity of the duct. By slitting up the punctum, within the lid, a large probe can be introduced, and much better results gained than by the use of the minute instruments of Anel. This method is also applicable to some of the chronic cases of obstruction of the duct, where the patient is compelled, by the discomfort he feels, to make frequent pressure to discharge the accumulated contents of the sac. Very many of these cases, however, may be successfully treated by mild collyria, which improve the condition of the conjunctiva and lining of the lachrymal canals, and thus at the same time lessen the amount of secretion and remove the turgescence of the mucous membrane, which is the actual cause of the obstruction. The operation for inserting a tube or style in these cases, as in fact in almost all others, I consider wholly uncalled for.

CASE II.—Miss ——, æt. 23, consulted me, in September, 1858, for obstruction of the lachrymal duct of the right side, the consequence of repeated abscesses, followed by temporary fistula. She has also suffered from conjunctivitis of both eyes, for which nitras argenti has been applied to such an extent as to give to both conjunctivæ a deep olive tint, perceptible to the most casual observer.

Much hardness and sensitiveness still existed in the region of the sac, and the obstruction was too firm to be perforated by Anel's probes.

Attention was first given to the improvement of the state of the conjunctiva, which, though only slightly granulated, was much thickened. This improvement was rapidly accomplished, and the punctum was then enlarged so as to allow the passage of a common-sized probe. It was with some difficulty that this found its way into the nose, the bony canal seeming to have become nearly obliterated at its upper extremity. After the first time this was more readily done, and but a short time elapsed before the stillicidium almost ceased and the redness and hardness in the neighborhood of the sac was removed.

CASE III.—Mrs. ——, æt. 50, applied to me on the 14th January, 1859. Two years since, a style was inserted by some physician into the right lachrymal duct, and she wore it a year without any benefit or even temporary relief. After its removal she continued to be annoyed, as before, by constant dropping of tears upon the cheek. The conjunctiva of this eye is thickened and slightly granulated, and the lachrymal sac becomes frequently distended by the increased conjunctival secretions. Pressure on the sac causes a reflux through the inferior punctum, and forces a small portion of the fluid into the nose. Water injected into the sac finds an exit through a minute fistulous opening at the point formerly occupied by the style. I advised non-interference with the fistulous opening, as it affords a safety valve to the sac in case over distension should occur. Treatment was directed to the amelioration of the state of the lining of the lids and the lachrymal passages, and a steady improvement is evident under the use of a collyrium of three grains of sulphate of zinc to an ounce of water, with the use of rose-water ointment at night to prevent the agglutination of the lids. Occasional applications have been made of a crayon of sulph. cupri. As the duct did not appear to be entirely closed, there is every reason to hope that these remedies will be sufficient without the necessity for any operation.

CASE IV.—Miss ——, æt. 25, desired my attendance in November, 1858, for the relief of severe symptoms about the left eye. For some years she had been obliged to empty the lachrymal sac two or three times a day by pressure with the finger. Two days before I saw her, whilst making harder pressure than usual, she felt something give way, and this was followed by rapid swelling of the lids, closing the eye. Rupture of the sac had undoubtedly taken place, probably somewhat posteriorly, and its contents had been diffused into the cellular tissue of the lower part of the orbit.

When I visited her, there was comparatively little swelling in the region of the sac, but an abscess was pointing at about the middle of the lower lid. It was opened in this situation, with great relief to the symptoms. The discharge seemed to be kept up by constant flow of the lachrymal secretions through the abnormal opening, and in a few days the skin became undermined to within half an inch of the ordinary situation of fistula lachrymalis, requiring to be laid open to this point.

I could not, however, find the way from the external opening into the sac, and was therefore unable to pass probes through the duct; though water, injected through the lower punctum, found egress through the fistula. The external orifice continued for some time in a very unhealthy condition, and after satisfying myself that this was kept up by the perpetual presence of the acrid discharges from the sac, I determined to prevent the accumulation of these by enlarging the punctum and passing large probes through

the duct. From the performance of this operation the ulceration of the cheek rapidly improved in aspect. The passage of the probes was repeated every other day, a longer interval seeming to allow opportunity for a fresh flow of matter through the fistulous opening in the sac, and causing an aggravation in the condition of the ulcer.

After about three weeks' perseverance in this plan, the ulcer became healed, and the secretions evidently found their way in the normal direction. I still continue occasionally to pass the probe, as a matter of precaution during the changeable weather to be expected at this season; but it can be passed with little difficulty, and without causing any haemorrhage from the mucous membrane. There is every reason to believe that the normal calibre of the duct has been restored.

CASE V.—Mrs. ——, æt. 33, consulted me on the 13th January, 1859. Three years before, she had a style inserted into the lachrymal duct of the left side, to relieve sticticidium. The operation was performed in Boston, was extremely painful, and was not followed by relief. After several months, the style was removed, having failed to answer any good purpose. Another was afterward introduced by a charlatan residing at a distance, who asserted that the cause of the previous failure was the placing of the style in a wrong situation, and not in the duct. No benefit was derived from its presence, and after a year's trial it was removed. The symptoms were, in fact, aggravated by its presence, as its weight, by exercising constant traction upon the skin of the eyelid, caused partial ectropion, and eversion of the lower punctum, giving rise, in turn, to increased flow of tears on the cheek, and to much irritation of the exposed conjunctiva.

Under other advice, she has lately had Gensoul's sound introduced from the nose into the duct a very large number of times, retaining it for hours, although suffering intensely from its presence. During the employment of this means, the sac and the bones of the nose have become exquisitely sensitive, and she cannot bear the slightest touch without shrinking. She has much severe pain, not only during the insertion of the sound, but in the intervals, along the course of the branches of the fifth pair. Formerly she had a most tranquil nervous organization; but this has been superseded by a state of extreme sensitiveness and irritation.

Every day there is a collection of purulent mucus in the sac, which, after a time, becomes so painful that she evacuates it by opening with a needle the slight skin which forms over the former orifice occupied by the style. After this evacuation, the opening is again closed by a thin crust sufficient to retain the secretions until actual distension occurs.

The ductus ad nasum appears to be obliterated; though I succeeded, with considerable difficulty and at the expense of severe suffering, in passing a small probe through it.

Considering the primary indications to be the improvement in the condition of the mucous membrane lining the lids and the lachrymal sac, I introduced a small tent, a strip of fine cotton less than a line in width, into the sac through the fistulous aperture. By this means the accumulation of the secretions was prevented, and the irritation of the sac, caused by their presence and the want of a free outlet, was removed. The inside of the lids was lightly touched with a crayon of sulphur cupri, and she was directed to use a collyrium of borax, ten grains to the ounce, and to apply to the edge of the lids, at bedtime, a very little of an ointment composed of one part citrine and six parts rose-water ointment.

On the next day, there was already less inflammation in the vicinity of the inner canthus. The contents of the sac are small in amount, and are made up of a larger proportion of tears and less purulent mucus.

15th.—The conjunctiva continues to improve, and the discharge is less.

17th.—The ectropion is already somewhat lessened, and there is much less soreness. Her friends already observe her improved appearance.

21st.—The sensitiveness of the lachrymal organs is much diminished, and the skin and conjunctiva have lost much of their unhealthy look.

24th.—The secretion of thick mucus has given place to the ordinary lachrymal discharge. The fistulous opening has closed. There is no difficulty in emptying the sac upward by pressure with the finger, but there is little tendency to accumulation in the sac.

Whether the duct is wholly obliterated is uncertain; but I advised her not to be solicitous in regard to this point for the present, but to continue to empty the sac by pressure until some time after the soreness in the nasal bone shall have entirely passed away. Then, if the secretion of tears is not so copious as to be troublesome in ordinary weather, I shall refrain from any operation, as there is reason to believe that much difficulty will be experienced in maintaining any perviousness of the duct, on account of the changes wrought by long-continued inflammation.

She returned home after a fortnight's treatment, with the eye more comfortable than it had been for a long period.

CASE VI.—Mr. ——, at. 50, has worn a style in the left lachrymal canal for several years, but it has not been of any advantage. On the contrary, he thinks the tears have, if anything, flowed more upon the cheek than before its insertion, and a constant soreness has been kept up by its presence. A short time before I saw him, the head of the style dropped off from the stem, having been separated by corrosion.

On the 15th January, 1859, he came to me with his physician,

for advice as to the course to be pursued. There was reason to suppose, from the appearance of the head, that the upper part of the stem was quite sharp and jagged, and I therefore urged the importance of its removal, since it would almost certainly make its way downward, and, in case this happened during sleep, might become engaged in the mucous membrane of the throat and produce dangerous consequences.

It was decided to operate, extracting it upward, if possible; if not, endeavoring to push it downward.

After enlargement of the fistulous opening, the style could be readily felt in the bony canal, but as this could not be enlarged by the knife, it was impossible to open even my very smallest forceps sufficiently to seize the foreign body. Nor could it be pushed downward by a probe, or any similar instrument, all of them gliding by without obtaining any hold upon the head of the style. I then resorted to the expedient of using a probe of soft wood, hoping that in case the end of the style should be sufficiently sharp, it might enter the extremity of the probe, and be thus drawn upward; or, if not, that the probe might be fixed against its extremity and enable me to push it downward. After two or three trials, I had the good fortune to extract the foreign body through the upper opening, its very sharp point having engaged itself in the side of the probe, and furrowed a groove for the reception of the style. It was not only corroded near its upper end, but was nearly divided in two at the middle.

I advised the passage of a common probe through the fistulous opening into and through the duct, every day, for a short time, in the hope that the canal might thereafter continue open. After this time, the parts to be left to themselves, but mild remedies to be employed to improve the state of the conjunctiva and the lining of the sac, both of which were much thickened and vascular.

EFFECTS OF CRIMINAL ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

In a former number, the use of nitrate of silver is referred to in cases of spontaneous vomiting, blood-spitting, &c. It has lately been tried by the author in the vomiting of pregnancy; the results follow.

Mrs. —— desired my advice. She was in bed, and looking dolefully. Complaint came rapidly. "It is too bad; there is my first-born in the crib, not weaned, not a year old. And here am I, sick, sick, sick. I can do nothing, and I won't bear it." Mrs. —— had crossed the *line*, and had learned much by that year's voyage. She believed herself to be *ancient*, as our good friend Dr. —— says, and I believed so too. Mrs. —— added that she must and would be relieved, and she was promised what she want-

ed. The following recipe was made. R. Argenti nitras, gr. iv.; opii, gr. viij. M. Ft. pil. No. xvi. Take a pill in the middle of the forenoon, of the afternoon, and at bedtime.

After a few days, Mrs. —— was again visited. The sickness was relieved. But this was not cared for; she did not ask to have this removed. It was to get rid of the cause of the terrible state she was in, for the awful annoyance for six months to come, and that little innocent beauty, her ten months' girl—"she cannot be nursed by me, and I warrant you she will not nurse anybody else. I want to get rid of this burthen, and I will." My office here ceased.

"But did you say nothing of the dangers, the immoralities of the thing?"

No, not one word. When a woman says, "Fudge, nonsense, I will do this thing"—and she has, or can get the means of doing it, you may talk yourself dumb, and accomplish nothing. Why, medical men, medical societies, medical writers, have written and "resolved," and talked about abortion-procuring in vain. Instances occur every day. Men and women are arrested and tried for this infamous crime, but you can get no convictions. I believe there has never been one in this State, this moral State by eminence, and perhaps in none is this crime more rife. I have been told that in a certain place an abortionist—known to be such—actually carries these abortions about in his pocket, and showed one or more to the person from whom the report came. Women for whom this office of foeticide, unborn-child-killing, is committed, are *strong-minded*, and the natural is strengthened by the recently-established uterine function. It becomes irritable, morbidly sensitive, as does the stomach, and what is resolved upon is done. By some women abortion is demanded and paid large prices for, merely because of the annoyances of pregnancy, and the duties involved by the newborn, helpless child. Here self-indulgence in most disgusting forms shows itself. They will kill, or get killed, the most sacred of human instincts, and do it again and again, made worse by their shameless, infamous experiences. No, I say nothing to such women. He is not always the wisest priest who harps too much upon sin. Men and women tire of it.

Very late of an evening, a coach drove furiously up to my door; Mr. —— stepped out, and begged me to go immediately to his house. Mrs. —— was very ill. This was a few days after I left Mrs. —— in perfect health. I found her in the pains and *perils* of violent abortion. There was atrocious pain, excessive haemorrhage, an indescribable soreness and suffering through the pelvis, extending above and all round the symphysis. Such was the suffering and the apparent danger, that I remained with the patient all night. For many days did this state of things last. An hourly threatening of puerperal fever painfully complicated the case.

The milk, however, continued, the little boy nursed, and recovery followed.

What had produced, in so short a time, such a change from perfect health to such and so apparently dangerous disease? I sought an answer, and looking to the *fons et origo* of the precedent cause of the trouble, asked Mr. — what had been done to produce such a disease. He knew of nothing more than of some pills which a friend recommended. Mrs. had taken a very few, one or two only. Here you may say the story may be dropped.

"No. I must ask a question. Is a physician bound to attend such cases? The patient commits the crime, let her suffer."

Sydenham, as I have read, or have been told, was asked why he attended syphilitic patients. They had exposed themselves to a grave disease by illegal and immoral acts; why should they not suffer the penalties? The reply was, that physicians were concerned about the causes of diseases just as far as such inquest was necessary to discover the nature of the malady, and no farther. His province was strictly physical disturbance, or disease; the moral had no legitimate matter of inquiry for him. It has been suggested that a regular medical attendant being called upon to procure abortion, for mere convenience, and of course declining the office, might add—if you employ any body to do this, you must depend upon him or her to attend you afterward, as I shall decline doing so, for I cannot have any relation to an act which I hold utterly immoral, and wholly criminal, nor with its results.

But, it is asked, is it not very rare for the medical attendant to be called on directly for such an office, under such circumstances? It is very rare, and the question above proposed will seldom if ever arise.

While on this disagreeable subject, let me state some other facts concerning it. Women often attempt the operation upon themselves, and sometimes succeed. Physicians are surprised at this, as they themselves sometimes find it difficult to do it in such cases as demand the operation to save life. Various are the popular instruments employed. Let me give a case, and the means.

Mrs. —, mother of one child, after a very protracted and painful labor, found, or believed herself to be pregnant, and determined to bring that function to a speedy close. How? Her knitting needles were at, and in hand, and she proceeded with one. But it was no go. It stuck fast, and far short of the cavity into which she was attempting to pass it. What to try next? Necessity, you know, is the mother of invention, and Mrs. — was a mother. She sought for, and got some soft wire—bent one end for an inch or more, upon itself, and thus produced an instrument that would not stick, and was strong enough to bear much pressure without bending. She tried it. It passed readily into the womb; but, *revocare gradum*, she had got into the bad place:

now, how to get out? She tried, and pulled, and pulled. It hurt her terribly—there was blood! She sent in all haste for Dr. ——. He found that the end of the bent wire, not keeping its place, had sprung from the shaft, and had bedded itself deeply and firmly in the substance of the womb. Dr. —— called me to see Mrs. ——. Things were as described. The long wire hung loosely from the vagina. The hooked or barbed portion was immovable. It was thought by pressing the wire upward into the womb, its point might be cleared, and then a finger being carried into and through the cavity of the cervix the point might be reached, and pressed against that, and then the external part of the wire being put on the stretch, the hooked portion might be safely drawn away and out. But the cervix was firm and unyielding—the supposed pregnancy being only two months—and the finger could not enter the womb. Other methods were tried, but in vain, and it was agreed to rest here, and meet again in the afternoon and make farther trials. We met. But to my surprise, Dr. ——, thinking that the outer part of the wire was of no use, but rather a hindrance, had cut the wire off, and so perfectly that when I examined I could just feel its sharp end within the os uteri. There was nothing more to be done, for there was nothing to work with or upon. Mrs. —— was directed to keep quiet in bed. Nothing more happened. She was heard from now and then, and in a few days, being perfectly well, she rose and went about her ordinary duties. She has remained well ever since her unsuccessful surgery, now six years. It turned out that she was *not pregnant*, and had not, what many women who are pregnant have, her labor for her pains.*

It is not necessary nor fitting to allude to other instruments which have been used by others to procure abortions upon themselves. Some of them have been as extraordinary as that used by Mrs. ——. They have, however, accomplished their object, but in not a few instances which have come under my notice life has been seriously endangered; and some cases have seemed utterly hopeless.

There are results of procured abortion which deserve special notice, and which no writer on uterine diseases, so far as my reading goes, has referred to. These are chronic forms of these diseases and disturbances of function, and are the most persistent. These diseases, or diseased conditions of the womb, have been:

1. Enlargement, induration, ulceration, of the cervix.
2. " " " of the os uteri.
3. Leucorrhœa.
4. Muco-purulent vaginal profluvium.
5. " " " " with more or less blood.

* I saw the attending physician of Mrs. —— this day, Oct. 11th, and asked about her. He said he had seen her very lately, and found her in excellent health, and has not had the least uterine trouble since her recovery, six years ago. She has not been pregnant. The wire is still there.

6. Soreness, tenderness, burning and itching of vagina and external organs.
7. Dysmenorrhœa.
8. Amenorrhœa.
9. Menorrhagia.
10. Dysuria, with various urinary deposits.
11. Painful defæcation, greater or less, according to organic uterine enlargement.
12. Painful defæcation, according to uterine flexion or version.

The general system is always more or less disturbed in these cases, and we have presented every form of nervous lesion and grave functional disturbance, making the most distressing complications of morbid phenomena.

It is my custom to ask patients, especially those with whom I am unacquainted, and who have many of the above symptoms, if they have ever aborted, and if so, whether the abortion has occurred without known cause, or whether it was produced by violence. I regret that I have not kept a record of the answers to these questions, but I have been struck with the number of instances which were produced by violence. Many have been unmarried women, and some quite young. But they are presented, also, by the married. Mrs. —— has suddenly become indisposed. She grows worse, and I am called in. The symptoms are, abdominal soreness and pain—weakness—loss of appetite—mental depression—headache—dizziness—fainting easily—heat increased—pulse rapid, quick, sharp—alternate flushes and cold turns. Uterine haemorrhage at the beginning. Now, alternately flow and stillicidium. No satisfactory cause is learned, notwithstanding much questioning. Time passes, and various treatment, but no improvement. At length, I am told that instrumental and self-produced abortion is the cause. Convalescence has been very slow in such cases. I have known months to pass before this stage of recovery has happened, and more or less invalidism has, after all, remained. I do not recollect a case in which I have not received a prompt affirmative reply to a question directly put. And so as to the means, there has been the same readiness of reply, and so of the immediate and remoter effects. The present difficulty has, without a remembered exception, been referred to the violence done by the operation. The previous health has been perfectly good. I dwell on this subject with so much directness because, as I said, I have met with no writer who has alluded to it.

Mrs. ——, between 18 and 20, found herself pregnant soon after marriage. This was an unlooked-for consequence of that rite. She had no idea of being in the family way unless it was perfectly agreeable to her. She was vexed at what had occurred. She could not, and would not, have it, and looked about for relief. All this was told me by Mrs. ——. "Well," said I, "what did you

find?" "Spurred rye," said she; "I got a quarter of pound of it, and soon ate it all up, and I have not got clear, and am as you find me."

Her state was one of extreme suffering, and of great apparent danger. She had severe pain in the abdomen. This was swollen, tense, and of exquisite tenderness. Pulse rapid, small, hard; heat intense, and the skin everywhere deep red; diarrhoea; respiration laborious; uterine haemorrhage. Abortion occurred during my necessarily protracted visit—period about two months; the mass was perfectly black. After long and severe illness, Mrs. — recovered. I have not seen or heard from her since. I have observed, in such cases, that his presence is not agreeable who has been a confidant in just such issues. He who in the beginning of practice has had much to do with diseases which are not matters of general conversation, is not often called by the subjects of such diseases, who in later life repent of the error of their earlier ways, and enter into other connections. I well remember being called to a case in which abortion had been recently produced.

A young man, a friend, had been left in the town house, with a house-keeper, one summer. In due time she found herself pregnant. This was as unwelcome information as it was unlooked-for, by the young woman. What was next to be done? A person was called on, who had much practical skill in remedying such mis-haps, and procured abortion. Excessive haemorrhage followed. The quantity appeared so large to the parties immediately concerned, and the danger so imminent, that I was called in. I found the patient on the parlor floor—the furniture having been covered up and put aside—lying on a blanket which was saturated with blood, as the floor around was covered with it. The young woman was almost pulseless, white as a sheet, cold, and clearly in extreme danger. Means were used to stop the flow, which still continued; it was controlled—reaction occurred, and recovery.

I saw but little of my intimate friend afterward. In due time he was married to wealth, as well as to a lady, and had a large family. I never visited him again, and was hardly recognized by him afterward. I should have said that I had been his physician before the abortion occurred.

Mrs. — called on me some years ago for uterine troubles—viz., severe dysmenorrhœa, leucorrhœa, general weakness—hardly able to walk at all; passes most of her time indoors and in bed; pain on motion, or erect posture, in loins; also low down, referred to sacrum; in hips, &c.—as miserable a condition as such cases generally present. After a time, I learned she had become pregnant soon after marriage, and that abortion was procured. My impression is that this was done twice. From this she dates all her subsequent troubles. Relief followed treatment; but never cure. Mrs. — was able to work, her general health was improved; dysmenorrhœa diminished; in short, that form of conva-

lescence occurred which, with those who have suffered much, is so near an approach to health as to satisfy them, and to induce them to abandon treatment. This happened in this case. But invalidism existed, not health, and Mrs. —— for some time called on or for me, to build her up a little, as she feared she was getting back to her old wretched state. At length she felt the strongest desire to have a child, and deeply did she lament what she years before had done. She said she was nigh forty, and it would soon be too late for pregnancy to occur. "Why," said she to me lately, "there is Mrs. ——, she has had four abortions procured; still, she can be pregnant, and does not mean ever to have a living child, while I am so anxious to have one, and cannot." Her general health is now quite fair.

One effect has, in this case, followed uterine violence in a healthy woman, which I do not recollect to have met with before in other cases. I mean *sterility*. The womb and its appendages were in perfect health before abortion was procured. Ever since that, their functions have been disturbed or destroyed. At least, pregnancy has not occurred.

Mrs. —— was pregnant, and resolved on abortion. She attempted it, and succeeded. The instrument used was an extraordinary one, and could accomplish the object only by doing serious injury to the organ into which it was introduced. Some haemorrhage followed. To make assurance doubly sure, Mrs. —— went immediately from home—to the museum, at first, and then walked rapidly through many streets. She was seized with excruciating pains soon after, and with profuse haemorrhage. I was desired to meet Dr. —— in her case. I found her pale, cold and almost pulseless. The abdomen was largely swollen, and very tender. The flow was checked. I asked Dr. —— if he knew the cause of such sudden disease in a person apparently in full health? He was uncertain. I begged him to see the patient at once, and the husband, and learn what had happened. He was told she had procured abortion the day before, and the present symptoms had followed. The instrument used was named. Mrs. —— recovered.

In the *wire* case above, the instrument was described, and because, as it was believed, it would not be likely to be imitated.

Sterility was said above to have followed procured abortion, even when done in *healthy* persons. This is recurred to, because abortion is sometimes produced to save life, as in cases in which the patient is so exceedingly reduced by diseases of pregnancy as to place life in jeopardy. I have operated in some such cases, and in all with success. These persons have again conceived. In one, the same means were required in a subsequent pregnancy, under like circumstances, and with a like result. It was curious to observe that in this case, in which the operation was deferred to the extremest point of the endurance of threatening symptoms, the womb retained its contents for many days after the

preliminary processes toward delivery had been faithfully passed through. At length the foetus was expelled.

Vomiting, in most cases in which I have done the operation, has been the disease threatening life. For days and weeks, vomiting or nausea have been constant; emaciation and other results have occurred. Constitutional disturbances, in one case involving convulsions, have showed themselves, and others have occurred, and all of them resisted treatment. It has been under conditions like these, the womb has been relieved of its contents. Relief in many cases has been complete, and in some has begun at once. I shall never forget one case of extreme exhaustion from the vomiting of pregnancy, in which, within twenty-four hours after the expulsion of the foetus, I found the lady eating a hearty dinner, and with a relish which left no doubt of the ability of the stomach to manage what it received.

This paper has reached a great length—too great, it may be, to add to it. It began with a reference to the beneficial use of nitrate of silver in the vomiting of pregnancy. Permit me briefly to give two or three cases in which this medicine has been usefully employed.

CASE I.—This has already been reported in the beginning of this paper, in which I was called, as I supposed, to check the vomiting of early pregnancy, but really to give medicine which would destroy and remove the cause of vomiting. The nitrate was given, and checked, or rather stopped the vomiting. Some days after, abortion occurred which threatened life.

CASE II.—Mrs. ——, six months pregnant, fell and broke her thigh. She had suffered severely from vomiting during her pregnancy. This continued at the time of her accident. My friend, Dr. Gay, was called, and set the limb. Vomiting made it impossible to keep the limb still. Various remedies were used and failed. Dr. Gay asked me if I knew anything which would relieve this very troublesome complaint. I recommended the nitrate, as given in the first case. Its effect was good. The vomiting soon ceased, and doubtless would not have returned, had the medicine been continued longer and then gradually withdrawn. This Mrs. —— would not submit to. She had always vomited in pregnancy, and thought it proper, and felt she had a right to be indulged. There was, of course, no power to resist such reasoning, and the nitrate was stopped. How persistent was pregnancy in this case! A shock severe enough to break a thigh bone, one of the strongest in the body, did no more to disturb the womb or its function, than if Mrs. —— had merely sat down in her easy chair.

CASE III.—Mrs. —— was in her fifth month. Vomiting existed in its most serious degree. The stomach seemed actually to retain nothing. Mrs. ——'s physician, my friend Dr. W. E. Townsend, consulted me in this case. He said opium alone gave her any relief, but produced its common uncomfortable effects. I re-

commended the nitrate of silver, according to the formula above given. I saw Dr. T. some time after, and learned that entire and permanent relief followed the use of the remedy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 10th.—*Spontaneous Ptyalism.* Case mentioned by Dr. MINOR. The patient was a woman, aged 66, who was salivated twenty years, but whether in consequence of taking medicine or no, she is ignorant. About two and a half years ago, after taking an empirical preparation called "Kennedy's Remedy," she was again salivated. At this time she entered the Massachusetts General Hospital for an ulcer on the foot, which had existed for nearly forty years. The salivation ceased after the patient had been taking the iodide of potassium. About three months ago, she was suddenly attacked with copious ptyalism, without any apparent cause. She had been taking no medicine of any kind. The salivation lasted about six weeks, during which time the patient lost much flesh, and her sleep was much interrupted by the constant necessity of spitting. The amount of saliva excreted varied from half a pint to a pint daily, and it had the ordinary appearance. No treatment was adopted for the first two weeks; after that she had tonics and astringent gargles, and finally the extract of hyoscyamus in five-grain doses, the iodide of potassium in the same doses, and ioduretted gargles. The recovery seemed due, in a considerable measure, to the iodide of potassium and the iodine gargles, and has remained perfect. The patient is now in excellent health.

Dr. LYMAN also mentioned the following case.

Miss B., aet. 28, was seen Dec. 16th, for a nervous affection of the throat. A plaster of belladonna was directed to the back of the neck, and, internally, ten grains of hydriodate of potash, three times a day. On the 23d, she reported that for some days she had been much better. The evening previous she was at a party and eat supper, &c., and the dysphagia had become very severe again. Said that three days before, salivation set in. There was no foëtor, soreness of the gums, or coated tongue. Two years ago, she contracted Panama fever, on her return from the Sandwich Islands, for which she took "a great deal of calomel." Since that time she had taken nothing of the kind, with the exception of "two blue pills," a year ago.

She was directed to reduce the hydriodate to five grains three times daily, and continue the belladonna plaster during the day as before.

On the 30th, reported that the salivation was worse than at any previous time. Some days she had omitted the hydriodate, when the salivation would immediately diminish. The dyspnoëa and dysphagia had entirely ceased. She was directed to omit the remedy until the salivation should cease, and then take valerianate of ammonia.

January 3d, reported that the salivation ceased the night after discontinuing the iodide, and has not returned, the mouth being perfectly well.

If the salivation in this case was due to chemical combination with the mercury taken five years previously, in accordance with the theory of M. Melsens, Malherbe, Parke and Sieveking, how happens it that there was neither soreness of the gums nor mercurial foetor?

Dr. BOWNING alluded to a case of salivation that occurred at the Hospital, which was caused by the hydriodate of potash.

Dr. STEDMAN said, in answer to Dr. Clark, that he did not remember a case of salivation attributable to this remedy. In a few cases, diarrhoea, and, in one instance, dysentery had followed its use. In one case, he gave it to the amount of ninety grains without any perceptible effect.

Dr. JACKSON alluded to a case that occurred a few years since, in which the hydriodate of potash had a marked effect in checking salivation. It was given in moderate doses.

Dr. C. D. HOMANS mentioned a case of ptyalism that came on suddenly during typhoid fever, without apparent cause. The only medicines taken at the time were sweet spirits of nitre and sulphuric acid. It was arrested by the chlorate of potash.

FEB. 14th.—*Meningeal Apoplexy. Tumor of the Breast.* Dr. MINOT reported the case.

The patient was a female, 88 years of age, in pretty good health. On rising in the morning, she complained of severe pain in the head. She took breakfast, and immediately afterward vomited. From that moment she became insensible, and remained so for six days, when she died. There was no stertor, but, at times, puffing respiration. The eyes were closed, the pupils were rather dilated, but not widely so. No paralysis could be discovered, but there was some rigidity of the left arm.

At the autopsy, an effusion of blood was found in the sub-arachnoid cavity, occupying the outer base of the brain, and extending up on the outside of each hemisphere, as high as the level of the upper edge of the external ear. The left lateral ventricle was distended with serum, and the right ventricle contained a considerable amount of the same. The arteries were generally in an atheromatous condition. There was no laceration of the brain.

This patient, when quite young, had a "boil" near the nipple of the right breast, which, after discharging, left a permanent induration at the spot. This gradually increased for twenty years, and gave her more or less pain. In October, 1847, the breast was removed, at the Massachusetts General Hospital, by Dr. J. M. Warren. At that time, the whole breast seemed involved by the disease—the nipple was retracted, and a bloody serum issued from it. The disease was supposed to be carcinomatous. About three years afterward, the tumor, having reappeared, was again removed, by Dr. Minot, who also removed a small nodule, a year subsequently to the second operation. Since that time, there was a good deal of induration about the cicatrix, but no ulceration. This indurated tissue cut like an unripe pear. A portion of it was examined, microscopically, by Dr. Ellis, who was unable to find any "cancer cells."

FEB. 28th.—*Unsymmetrical Kidney.* The following letter, received from Dr. THAYER, of Keene, N. H., was read by the Secretary.

"Keene, N. H., Feb. 4, 1859.

"MY DEAR SIR,—I have a case of 'unsymmetrical kidney' for

the Medical Improvement Society, which I will give you in a few words.

"On the 2d inst., I was present at the autopsy of a man, aet. 32, dead of phthisis. His most prominent symptoms had been of indigestion—never any renal difficulty, nor other symptoms, as far as I could learn.

"The left kidney was wanting. Both renal capsules were found in a normal condition. The left emulgent vein was not more than one fourth as large as the right—and terminated in the renal capsule. It sent off one branch, which was probably the spermatic, but was not traced—which should, perhaps, be called the principal vein in this case, as it was larger than the branch which went to the renal capsule. The right kidney was perhaps one fourth to one third larger than usual—measuring five inches in length—and was normal in every other way.

"In Dr. Jackson's Catalogue, I find one case referred to as related by Dr. Samuel Parkman (p. 281), the only one mentioned in that volume, except one in a monster (Specimen 757).

"Rokitansky says 'one kidney is frequently absent.' But in our so much smaller experience on this side of the water, the above case is worth adding to our Society's Records."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 17, 1859.

MASSACHUSETTS REGISTRATION REPORT.

We have received a copy of the Sixteenth Registration Report, for the year ending December 31, 1857, which has been recently presented to the Legislature. It is in many respects superior, in none inferior, to its predecessors, whether we regard accuracy, completeness, or interesting and useful deductions, as the criterion by which we judge its merits. It is sufficient to say that the Report has been executed under the superintendence of Dr. JOSIAH CURTIS, as was the case in several previous years. The well-known reputation of this gentleman as a statistician is a guarantee that the work is as well performed as it was possible it should be with the materials at hand. It is with no small pride that we point to our series of Registration Reports, which compare favorably with any in the world. Their practical value is now apparent, and both the public and the administration are beginning to reap the benefit of the wisdom which instituted and maintained a system of registration of births, deaths and marriages in our Commonwealth.

The value of a registration report must depend in a great measure on the completeness and accuracy of the returns. In this respect, a gradual improvement is perceptible, in this State, from year to year. Still, the progress is very slow, particularly in the registration of deaths, the most important item of all. "There is evidence for believing," says Dr. Curtis, "that not very far from, but, perhaps, somewhat more than fifteen per cent. of the deaths that occur annually in Massachusetts escape registration; and these are scattered through

about half the towns in the Commonwealth. This suggests either some inefficiency in the letter of the law, or in the mode of administration." With regard to the tabulation of the abstracts, and the deductions drawn from them, we believe their accuracy is beyond question, while in the discrimination necessary to eliminate, as far as possible, all imperfections from the returns, the experience and judgment of Dr. Curtis have been most faithfully exercised, so as to render the data upon which the calculations are based worthy of confidence.

Among the features which distinguish this Report from its predecessors, are the Massachusetts Life, Population and Annuity Table, with other tabular deductions, and comments connected therewith, originally computed by E. B. Elliott, Esq.; the proposed division of the State into six Registry Districts, as better adapted for statistical purposes than the fourteen Counties; an Exhibit of the Mean Temperature in Massachusetts as compared with that of England; and an Exhibit of Money Value, and prices of food in Boston, and rates of births, marriages and deaths in Massachusetts, for several years.

The Massachusetts Life Table, constructed by Mr. Elliott, is a calculation of exceeding value. It is "one of an original series prepared by him for the New England Mutual Life Insurance Company, of Boston, from extensive and reliable Prussian, English, Swedish, Belgian and American data. It was presented to, and published in the proceedings of, the American Association for the Advancement of Science, at its meeting in Montreal, in 1857. The large experience and acknowledged ability of this writer, and his rigorous adherence to the most exact data, give to the Massachusetts Life Table a degree of weight and authority entitling it to the fullest confidence." For the preparation of this table, very careful examination was made into the returns from the various towns in the State, with a view of ascertaining how far they could be considered reliable, and it was found, after eliminating the more questionable records by a certain fixed standard, that the registry of 166 of the 331 towns furnished data which were deemed essentially reliable, and in which the rate of mortality fairly represented that of the entire State. With the numbers returned from these 166 towns, were included two thirds of the number of the population, births and deaths of the three State Almshouses; the population of the 166 towns being two thirds of the population of the State. "The aggregate population of these communities, as returned for the first day of June, 1855, was 751,241, and the registered deaths in these towns during the year was 16,086. The well-known Carlisle Table of Mortality was deduced from only 1,840 deaths, registered during the nine years, 1779-87, the mean population of the period being 8,177." "We are probably safe in concluding," says Mr. Elliott, "that the law of mortality obtaining in these districts, according to the returns, does not greatly vary from the law of mortality actually prevailing over the entire population of the State."

This table consists of five columns. The first shows the number of persons living at certain ages, to 10,000 children born alive, and also the annual number of deaths at and over certain ages, in a stationary population, supplied by 10,000 annual births. Column II. represents the aggregate number of years which the persons living at certain ages (Column I.) will live; also the years which those annually dying at and over certain ages, in the stationary population, have lived over

those ages, and the number of persons living at and over certain ages, in the stationary population. The third column represents the aggregate number of years which the persons (Column II.) living at and over certain ages, in the stationary population, will live, and the years which they have lived over those ages. Column IV. indicates the average number of years which those living at certain ages will live; also the average number of years which those dying at and over certain ages, in a stationary population, have lived over those ages, and the number of persons living at and over certain ages in a stationary population to one annual death. Column V. represents the average number of years which those living at and over certain ages in a stationary population will live, as well as the years they have lived over those ages. The last two columns represent the present values of life annuities, that is, the present values, after arriving at certain ages, of one dollar, payable at the end of each year, computed at the annual rates of four per cent. and five per cent. interest. We cannot enumerate the many useful results which may be derived from this table. For the purposes of life-insurance, for calculating the present value of annuities, legacies, pensions, and for all other purposes requiring an acquaintance with the average duration of human life at different ages, it is invaluable. In order to render the Massachusetts Life Table more widely applicable, each column is brought into comparison with results obtained in other countries, by which a series of new tables is formed, of great practical utility. Thus, by means of table F, we may ascertain the average future duration, or expectation of life, in certain communities, as compared with each other. For instance, at 20 years of age, the average duration of life in Massachusetts is 39·9 years; in England, for males, it is 39·9, and for females, 40·8 years; in Sweden and Finland, it is 40·0; in Prussia, 37·5; by the Carlisle Tables (English), 41·5 years.

The tables H and J are intended to show the intensity of mortality and the intensity of vitality at different ages, in different communities, the former giving the number of annual deaths at different specified ages to 100 persons living at the same ages, and the latter exhibiting the number of persons living at the different specified ages to one annual death at those ages. These comparisons are rendered more intelligible by means of a diagram, designed by Mr. Elliott, in which the difference of intensity of vitality is shown by curves. "The most obvious and prominent feature of these curves which will arrest the attention of the investigator, is their strong family likeness, or general similarity. In each of them, the vital energy, or power to resist destruction, is small at birth and in early infancy; in each, also, it rapidly increases to between the ages of 10 and 15, when it arrives at its maximum; it then diminishes progressively as age advances, becoming exceedingly feeble at the extreme limit of advanced life. This is true alike of all the communities which are brought into the comparison. By further inspection of the diagram, it will be seen that in Massachusetts the vital energy, or the capacity to resist death, is greater than in the other countries compared, from age 12 to nearly age 15; it is less than in the other communities for the interval from about age 16 to age 37; and it becomes greater again at a period between ages 45 and 50, and remains so to extreme old age." Dr. Curtis suggests that this increased mortality between the ages of 16 and 37, comprising that portion of life which is characterized by the most

energy and least experience in business transactions, may be connected with the peculiarities of the New Englander, his precocious business habits and the intensity with which he assumes and pursues responsible duties, which would naturally render health and life more precarious at these ages than is apparent in older countries with different customs. If this be so, we ought to find a greater intensity of life among females, at this period, than among males, but, unfortunately, there are no data by which the difference in vitality between the sexes in this Commonwealth can be ascertained.

We intended to offer further remarks connected with the subject of Registration, which are suggested by this admirable Report, but want of space obliges us to defer them to another opportunity. We will only add that we hope so admirable a document will be widely circulated, that the useful lessons which it teaches may be made available to all classes of the community.

COMMENCEMENT AT THE MASSACHUSETTS MEDICAL COLLEGE.

THE Commencement exercises at the Medical College took place on Wednesday of last week, March 9th, when thirty students received the degree of Doctor in Medicine. According to the plan adopted within a few years, a certain number of the graduates were selected to read portions of their dissertations. These selections gave evidence of the study and careful preparation bestowed upon the theses, and suggested favorable auguries for the future career of the writers.

The attendance was, as usual, very satisfactory, both as to numbers and the interest manifested.

The exercises were terminated by an excellent address to the graduating class, by Professor HENRY J. BIGELOW; and we are glad to learn that it will be published, and thus afford those not able to be present, an opportunity to read what all who heard it pronounce so well worthy of perusal.

BRISTOL DISTRICT MEDICAL SOCIETY.

THE annual meeting of this Society was held at the Taunton Hotel, on Wednesday, the 9th inst. The following officers were elected for the current year:—*President*, Dr. Benoni Carpenter, of Attleboro'; *Vice President*, Dr. Dan King, of Taunton; *Secretary and Treasurer*, Dr. Charles Howe, of Raynham; *Librarians*, Dr. J. B. Chase of Taunton, and Dr. Thaddeus Phelps of Attleboro'; *Censors*, Drs. Johnson Gardner of Pawtucket, Thomas G. Nichols of Freetown, and Charles Howe of Raynham; *Councillors*, Drs. Thaddeus Phelps of Attleboro', Ira Sampson of Taunton, and Johnson Gardner of Pawtucket; *Delegates to the American Medical Association*, Drs. Ira Sampson of Taunton, J. R. Bronson of Attleboro', and Joseph Murphy of Taunton; *Commissioner on Trials*, Dr. Dan King of Taunton.

Drs. Joseph Murphy and William J. Burge, of Taunton, were admitted Fellows of the Massachusetts Medical Society.

Dr. Burge exhibited his improved apparatus for treating fractures of the thigh, accompanied by an interesting address upon its merits, and citing several important cases in which it had been used with highly satisfactory results, for which the thanks of the Society were voted him.

CHARLES HOWE, Sec'y.

MASSACHUSETTS MEDICAL COLLEGE.

The following is a list of the gentlemen who received their medical degrees on the 9th inst., with the subjects of their dissertations.

Jacob Henry Barker,
Charles Warren Barnes,
Ira Wilson Bragg,
Alfred Rodolphus Bullard,
Charles Henry Burbank,

George Sanford Burton,
Horace Chapin,
George Anthony Collamore,
Eugene de Courcillon,
Ezra Dyer,

Thomas Philip Eckardt,

Stephen Foss,
Joseph Ferdinand Gould,

Maurice King Hartnett,
Jonathan Hugh Jamison,
Francis Hugo Krebs,
George Cook Lincoln,
Abel Cutting Livermore,
Edwin Manley,

John Robbins Mansfield,
John Taylor Gilman Nichols,
Asa Phinney,
Harlin Henry Pillsbury,
Thomas Hamel Pinkerton,
Silas Poole,
John Lombard Robinson,
Asa Peaslee Tenney,
Joseph Rowe Webster,

Walter Wesselhoeft,
Moses Sawyer Wilson,

Boston, March 12, 1859.

The Medical Department of Pennsylvania College held its Commencement on the 5th inst., on which occasion the degree of Doctor of Medicine was conferred on thirty-three young gentlemen.

Dr. R. B. SIMMONS, of Brooklyn, N. Y., has been appointed by the Board of Foreign Missions of the Reformed Dutch Church, a missionary to Japan.

DIED.—At Wilbraham, March 7th, Dr. Gideon Kibbe, 80.

Deaths in Boston for the week ending Saturday noon, March 12th, 65. Males, 35—Females, 30.—Apoplexy, 1—Inflammation of the bowels, 1—bronchitis, 2—Inflammation of the brain, 1—congestion of the brain, 1—burns, 1—consumption, 10—cholera infantum, 1—croup, 4—drosy, 1—drosy in the head, 7—debility, 1—infantile diseases, 7—scarlet fever, 2—typhoid fever, 3—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 8—palsy, 1—pt. mature birth, 1—peritonitis, 1—pleurisy, 1—sore throat, 2—smallpox, 1—tumor (in uterus), 1—unknown, 1—whooping cough, 1—worms, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 49—Ireland, 10—other places, 6.